U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
AG70 8W	
(CONT. CO. CO.)	
E (SONSION)	
700 es	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

70g 95	
1. File Number U - 1762	2. Fiscal Year Covered From:
/	7 / 1 / 2004 Through: [2 / 3] / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name EDWARD J NATZKE	Name TEAMSTER LOCAL 744
	Labor Organization File Number 035-460
P.O. Box, 8ldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1054 HOLLY CIRCLE	Street 300 S ASHLAND AVE
City LAKE ZURICH	CITY CHICAGO
State T. ZIP Code + 4 60047 - 1291	State <u>T L</u> ZIP Code + 4 60607-2701
5. Position in labor organization. PRESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your spot	ise or minor child directly or indirectly had any of the following interests
A. Held an interest in, engaged in transactions (including loans) with, or o	sions set forth in the instructions):
(except as specified in the exclu	sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer		
City State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name HEALTH AND WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any RM 201	11.a. Nature of such dealing. REIMBURSEMENT FOR AIR-FARE		
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-2701	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ALLIANCE BERNSTEIN	14.a. Nature of payment. LUNCH DURING THE INVESTMENT PRESENTATION.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street 1345 AVENUE OF THE AMERICAS City NEW YORK State NEW YORK ZIP Code + 4 10105-0302			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. 59.00		

Name of Person Filing EDWARD NATZKE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer	
City State ZIP Code + 4		
to too be a to the stand give trust or employer's name	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name BEER INDUSTRY PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any RM 201	REIMBURSEMENT FOR AIR-F	ARE
Street 300 S ASHLAND AVE	la de la	.40
Commence (A) Adoption of the Commence of the C	11.b. Approximate dollar value of such dealing. 94	and the second second and a second se
City CHICACA		and the second s
City CHICAGO State ILL ZIP Code + 4 60607-2701	12.a. Nature of interest held or income received.	
State ILL ZIP Code + 4 60607-2701	12.a. Nature of interest held or income received.	
State 1/1 ZIP Code + 4 60607-2701	12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	12.a. Nature of interest held or income received.	

Name of Person Filing EDWARD NATZKE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street The continued and the		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SOFT DRINK INDUSTRY PENSION FUND	REIMBURSEMENT FOR AIM	C-FARE
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any RM 201		
· · · · · · · · · · · · · · · · · · ·	【최고선 (Clab in 1984년) 사람 전세요 합성하는 사람들 사람들이 남아가 되었다.	
Street 300 S ASHLAND AVE	11.b. Approximate dollar value of such dealing.	94.40
The second secon	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	94.40
Street 300 S ASHLAND AVE		94.40
Street 300 S ASHLAND AVE City CHICAGO		94.40
Street 300 S ASHLAND AVE City CHICAGO		94.40
Street 300 S ASHLAND AVE City CHICAGO		94.40
Street 300 S ASHLAND AVE City CHICAGO		94.40
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-2701	12.a. Nature of interest held or income received. 12.b. Amount.	94.40
Street 300 S ASHLAND AVE City CHICAGO	12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value.	94.40
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-2701 C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received. 12.b. Amount.	94.40
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-1701 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value.	94.40
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-2701 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value.	94.40
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-2701 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value.	94.40
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-72701 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value.	94.40
Street 300 S ASHLAND AVE City CHICAGO State IL ZIP Code + 4 60607-2701 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.a. Nature of interest held or income received. 12.b. Amount. er parts A and B above) or other thing of value.	94.40

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer